

# Attendant Compensation Rate Enhancement

CLASS, DBMD, PHC  
DAHS, and RC

Enrollment Training

Presenter: Doug Odle (512) 707-6086

# AGENDA

- Rules
- What is the Attendant Compensation Rate Enhancement?
- Open Enrollment
- Enrollment Limitations / Request for Revision (RFR)
- Spending Requirements
- Allowable / Unallowable Compensation
- Worksheets
- Website Overviews
- Common Questions
- Who to contact

# Rules pertaining to the Attendant Compensation Rate Enhancement are located at:

<http://www.hhsc.state.tx.us/Rad/long-term-svcs/index.shtml>

- Click on your program under the Services list
- Click on “View 2017 Rate Enhancement – Attendant Compensation information”
- Click on “Adopted Rules”

Title 1, Texas Administrative Code, Part 15, Chapter 355,  
Subchapter A, Rule 112

1 TAC §355.112

# Overview

- Goal is to provide incentives to increase Attendant Compensation to improve the quality of care
- Participation is Optional
- Increased payments above the base rate
- Minimum Spending requirement
- Recouped if you fall below the requirements

# Background

- The 76th Texas Legislature directed the Texas Department of Aging and Disability Services (DADS) by means of its appropriations rider 37 to incentivize increased compensation to attendants. These funds are appropriated for the purpose of improving the quality of care for CBA-HCSS, CLASS, DBMD, DAHS, PHC and RC and CBA AL clients.

# REMINDER: Changes to Reporting Requirements

- Beginning with the 2010 reporting period, providers participating in Rate Enhancement have included their attendant compensation information on the cost report coinciding with the provider's fiscal year end
- When beginning or ending participation off cycle with the provider's fiscal year, a provider may be required to file an Accountability Report – Multipurpose (ARM)

# REMINDER: Changes to Reporting Requirements

(continued)

- Providers with two or more contracts of the same program may still group their contracts for the purposes of meeting the spending requirement. Participants will no longer make the grouping request on the ECA. Rather, the grouping request will be made when you submit your next cost report
- CLASS providers will be held accountable for spending requirements for Supported Employment, Employment Assistance & CFC PAS/HAB Services attendants
- DBMD providers will be held accountable for spending requirements for Supported Employment, Employment Assistance & CFC PAS/HAB Services attendants

# Timeline

<b>Date</b>	<b>Action Taken</b>
July 2016	2017 Open Enrollment
January 2017	2015 Notification of Recoupments
January-March 2017	2015 Recoupments
March/April 2017	2016 Cost Reports due
Spring / Summer 2017	2016 Audit of Cost Reports



# Open Enrollment

- New contracts will be given the opportunity to select the level of enhancement at which they want to participate.
- The highest enhancement level is level 35. Each level increased by \$0.05 above the nonparticipant rate.
- At anytime providers can request a reduction in level or withdraw from enhancement program completely.
- Levels are awarded within available funds.

# Open Enrollment

(Continued)

- Pre-existing enhancements will have priority over new enhancements.
- Requested enhancements will be distributed beginning with the lowest level of enhancement and granting each successive level of enhancement until requested enhancements are granted within available funds.
- Providers that do not receive a limitation letter and who do not wish to change their level will automatically be re-enrolled in the enhancement at their current level of participation.

# Who can be counted as an Attendant?

An attendant is the unlicensed caregiver providing direct assistance to clients with Activities of Daily Living and Instrumental Activities of Daily Living

Attendants **do not** include: Director, administrator, assistant director, assistant administrator, clerical and secretarial staff, professional staff, other administrative staff, licensed staff, attendant supervisors or maintenance and grounds keeping staff

Staff other than attendants may deliver attendant services and be considered an attendant if they must perform attendant services to prevent a break in service. These staff would be reported as “Other staff delivering attendant services.” In DBMD, does not apply to Intervener, Chore, Supported Employment or Employment Assistance services

# Who can be counted as an Attendant?

(Continued)

Attendant expenses must be direct costed. Direct costing requires daily timesheets documenting time spent performing attendant services for the contract

80 % Rule – attendants must perform attendant functions at least 80 % of their total time worked to be counted as attendants

Attendants do include drivers in the DAHS, RC and CBA AL programs

Attendants do include medication aides in the RC and CBA AL programs

Attendants do not include Intervener I, II and III in the DBMD program

# Time Sheets

- Must be used for staff performing attendant functions less than 100 % of their time but greater than 80 % of their time. Staff members that perform attendant functions less than 100 % of their time that do not perform a time study **will not** be considered an attendant for the Rate Enhancement
- The minimum allowable duration for a time study is four weeks per year. Randomly select one week per quarter
- A time study must be for 100 % of the paid time of the staff, including vacation and sick leave, for the period covered by the time study
- The time study must show the employee's start and stop time, total hours worked and actual time worked in 30-minute increments or less, and the functions performed
- Time sheets used in a time study must cover a full working day and cover all of the tasks and programs involved

# Time Sheet Example

## DAILY TIME SHEET

DATE: 8/9/20XX

EMPLOYEE NAME		<b>Jane Smith, RN</b>							
<b>TIME(hh:mm)</b>		<b>CLIENT NAME</b>	<b>DUTIES/ACTIVITIES PERFORMED</b>	<b>MEDICARE</b>	<b>PHC</b>	<b>DBMD</b>		<b>SHARED</b>	
<b>BEGINNING</b>	<b>ENDING</b>				<b>SUPERVISORY</b>	<b>SUPERVISORY</b>	<b>ADMIN</b>		<b>Day Hab</b>
8:00 AM	8:30 AM	Edwards, A.	Travel to A. Edwards		0:30				
8:30 AM	9:30 AM	Edwards, A.	Supervisory Visit		1:00				
9:30 AM	9:45 AM	Jones, S.	Travel to supervise visit			0:15			
9:45 AM	11:15 AM	Jones, S.	Supervision			1:30			
11:15 AM	11:45 AM	Adams, J.	Travel to Nursing Visit	0:30					
11:45 AM	12:30 PM	Adams, J.	Skilled Nursing	0:45					
12:30 PM	1:00 PM	Adams, J.	Travel Back to Office	0:30					
1:00 PM	1:30 PM		Lunch						
1:30 PM	2:30 PM		Phone Calls RE: Adaptive Aids				1:00		
2:30 PM	3:15 PM	Duty, V.	Supervisory Visit for ADL tasks only		:45				
3:15 PM	4:00 PM	Hall, J.	Filled in for absent attendant				:45		
4:00 PM	4:30 PM		Annual Leave / Vacation					0:30	
<b>DAILY SUMMARY BY PROGRAM/CONTRACT #</b>									
<b>PROGRAM</b>	<b>CONTRACT #</b>		<b>TIME</b>						
PHC	000999900		2:25						
Medicare	XX XXXX		1:45						
DBMD	000888800		3:50						
Indirect Time	N/A		0:30						
<b>TOTAL for the DAY</b>			<b>8:00</b>						

Signature: *Jane Smith*

Date: *August 9, 20XX*

Supervisor: *Mary Evans*

Date: *8/9/20XX*

# Enrollment Limitations

- Providers will not be enrolled at a level higher than the level achieved on the most recently audited report
- HHSC will issue a notification letter of its enrollment limitations prior to the first day of the open enrollment period
- Providers may request a revision of its enrollment limitation if it currently does not represent its current spending on attendants

# Request for Revision (RFR) Report

- If you had a recoupment on your 2014 report, you will have your 2017 level of participation limited to the level you achieved in the prior period
- If your 2014 report does not represent your current attendant compensation level, you may request a revision of your enrollment limitation
- Details on submitting a RFR are included in the limitation letter and the RFR instructions on the Rate Analysis webpage for your program
- The RFR must be received by July 31, 2016
- If the RFR shows you are spending at a higher level, you may keep the level shown on the RFR or avoid being limited altogether



# Enrollment Contract Amendment

- Completed by a person authorized on DADS' Signature Authority Form (Form 2031)
- Be received by Rate Analysis on July 31, 2016
- Must submit a form for each individual contract
- For PHC, providers must select to participate with Priority services only, Nonpriority services only, or both Priority and Nonpriority services
- For PHC, providers must select a level of enhancement for each type of service (i.e., Priority and Nonpriority)
- Be legible

# Spending Requirements

- Participants must spend 90% of their attendant revenues on attendant compensation or DADS will recoup the difference
- No participating provider's attendant rate after spending recoupment will ever be less than the attendant base rate

# Allowable Compensation

- Salaries and Wages
- Attendant Contract Labor
- Payroll Taxes
- Workers' Compensation
- Employer-Paid Health Insurance
- Employer-Paid Life Insurance
- Other Employer-Paid Benefits

# Unallowable Compensation

- Unrecovered cost of meals and room and board furnished to attendants
- Uniforms
- Hepatitis B Vaccinations and TB testing/x-rays
- Job-related training reimbursements
- Job certification renewal fees

# Fiscal Year 2017 Primary Home Care (PHC) Worksheet A: Priority

## STEP 1

Enter Priority attendant costs and units of service during your selected reporting period.

Reporting Period - Beginning  
Date

Reporting Period - Ending  
Date

### Priority Attendants (exclude all costs for services delivered to Star+Plus clients)

Staff and Contracted Attendant Salaries & Wages	Box A	\$		.00
Payroll Taxes				
FICA & Medicare	Box B	\$		.00
State and Federal Unemployment	Box C	\$		.00
Workers' Compensation				
Insurance Premiums	Box D	\$		.00
Paid Claims	Box E	\$		.00
Employee Benefits				
Health Insurance	Box F	\$		.00
Life Insurance	Box G	\$		.00
Other Benefits	Box H	\$		.00
Mileage Reimbursement	Box I	\$		.00
Total Attendant Cost	Box J	\$		.00
<small>See Page A-1</small>				
Units of Service (excluding Star+P)	Box K		.	units

## STEP 2

Calculate Priority attendant cost per unit of service during your selected reporting period.

Total Attendant Cost	Units of Service	Attendant cost per unit of service
\$ <span style="border: 1px solid black; padding: 2px;">From Box J</span> .00	<span style="border: 1px solid black; padding: 2px;">From Box K</span> . units	= <span style="border: 1px solid black; padding: 2px;">Box L</span> \$ .

## Worksheet A (continued): Priority

<div style="border: 1px solid black; border-radius: 10px; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">STEP 3</div> Attendant rate and spending requirement for participating at level 1.							
Column A	Column B			Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent		Required Attendant Spending	Difference Between Attendant Rate Component and Required	Current Attendant Spending	Required Spending Increase (If less than zero, set to
Level 1	\$9.27	x 0.90	=	\$8.34	\$0.93	\$ .	\$ .
				<small>Column B minus Column C</small>		<small>From Box L</small>	<small>Column C minus Column E</small>
<div style="border: 1px solid black; border-radius: 10px; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">STEP 4</div> Attendant rate and spending requirement for participating at level 25.							
Column A	Column B			Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent		Required Attendant Spending	Difference Between Attendant Rate Component and Required	Current Attendant Spending	Required Spending Increase (If less than zero, set to
Level 25	\$10.47	x 0.90	=	\$9.42	\$1.05	\$ .	\$ .
				<small>Column B minus Column C</small>		<small>From Box L</small>	<small>Column C minus Column E</small>
<div style="border: 1px solid black; border-radius: 10px; display: inline-block; padding: 2px 5px; margin-bottom: 5px;">STEP 5</div> Attendant rate and spending requirement for participating at level _____.							
Column A	Column B			Column C	Column D	Column E	Column F
Participant Status	Attendant Rate Component	Spending Req. Percent		Required Attendant Spending	Difference Between Attendant Rate Component and Required	Current Attendant Spending	Required Spending Increase (If less than zero, set to
Level _____	\$	x 0.90	=	\$	\$ .	\$ .	\$ .
				<small>Column B minus Column C</small>		<small>From Box L</small>	<small>Column C minus Column E</small>

# Things to consider when making your participation decision

- Compare your attendant cost per unit of service with the attendant rate component and the required attendant spending for each enhancement level. At which enhancement level is your attendant cost per unit of service most comparable?

# Things to consider when making your participation decision

(continued)

- At which level of enhancement will you feel most comfortable, taking into consideration recoupment for failure to meet spending requirements
- The impact of reduced turnover (due to paying higher wages) on your recruiting and training expenses



# Things to consider when making your participation decision

(continued)

- The impact of paying higher wages on the quality of care you deliver to your clients
- Whether any improvements in the quality of care you deliver would lead more clients to choose your agency to provide their services, thus leading to a higher utilization rate

# Things to consider when making your participation decision

(continued)

- The total operational costs against the total rate to determine your ability to meet the attendant spending requirements



# TEXAS

## Health and Human Services Commission

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## Rate Analysis for Long-Term Services and Supports

### Overview

The Rate Analysis Department (RAD) develops reimbursement methodology rules for determining payment rates or rate ceilings for recommendation to the Health and Human Services Commission (HHSC) for Medicaid payment rates and non-Medicaid payment rates for programs operated by the Department of Aging and Disability Services (DADS) and the Department of Family and Protective Services (DFPS). RAD develops payment rates or rate ceilings in accordance with these rules and agency policy guidelines consisting of the following:

### Contact information by Program

### Services

[24-Hour Residential Child Care and Supervised Independent Living Program](#) (24 RCC/SIL)

[Adult Foster Care](#) (AFC)

[Adult Mental Health Program](#) (AMH)

[Community Based Alternatives](#) (CBA)

[Community First Choice](#) (CFC)

[Community Living Assistance and Support Services](#) (CLASS)



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**Consolidated Waiver Program (CWP)**

**Consumer-Managed Personal Assistance Services (CMPAS)**

**Day Activity & Health Services (DAHS)**

**Deaf Blind Multiple Disabilities Waiver (DBMD)**

**Emergency Response Services (ERS)**

**Home and Community Based Services (HCS)**

**Home-Delivered Meals (HDM)**

**Hospice**

**Intermediate Care Facilities for Individuals with an Intellectual Disability or Related Conditions (ICF/IID)**

**Medically Dependent Children Program (MDCP)**

**Nursing Facility (NF)**

**Nursing Facility Rehabilitative and Specialized Services**

**Primary Home Care (PHC)**

**Residential Care (RC)**

**Texas Home Living (TxHmL)**

**Youth Empowerment Services Waiver Program (YES)**

#### **Additional Resources**

**ACRES (Automated Cost Reporting & Evaluation System)**

# DADS Provider Letters

<http://www.dads.state.tx.us/providers/PHC/index.cfm>

## Primary Home Care (PHC) Provider Resources

Billing, Payment & Rates
Calendar of Events
Communications
Consumer Directed Services
Contact Program Staff
Email Updates
Electronic Visit Verification
Financial Eligibility Guidelines
Forms & Handbooks
How to Become a PHC Provider
ICD-10 Transition
Medicaid
State & Federal Statutes & Rules
Texas Medicaid LTSS Provider Re-enrollment
DADS Resources
State Resources
PHC Home
Resources for DADS Service Providers Home

### Primary Home Care (PHC)

This program is a nontechnical, medically related personal care service provided to adults whose health problems cause them to be functionally limited in performing activities of daily living, according to a statement of medical need. PHC provider agencies also provide Family Care services. This service also is a nonskilled, nontechnical service provided to eligible clients who are functionally limited in performing daily activities. | [Read more](#)

### Communications

### News & Alerts

- [Medicaid Re-enrollment Application Deadline This Friday](#) (Jun 14, 2016)
- [Apply Now for Membership on the ADRC and Texas Respite Advisory Committees](#) (Jun 13, 2016)
- [Learn to Meet the Needs of Aging Texans at 2016 Geriatric Symposium](#) (Jun 2, 2016)
- [Save the Date: 2016 Geriatric Symposium Slated for Aug. 1-2](#) (May 3, 2016)
- [Avoid Being Dis-enrolled from Medicaid by Meeting the June 17 Deadline](#) (Mar 10, 2016)
- [Previous alerts](#)

### Letters [Provider (PL) and Information (IL)]

Number	Title	Date
<a href="#">IL 2016-22</a> PDF	Preparing for the Upcoming Fiscal Year 2016 Fee-for-Service Claims Billing Closeout	06/13/2016

Older adults and people with disabilities need **YOUR** help.



[Learn How to Become a Provider](#)

ICD-10 is here!



[Avoid rejected claims. Use it!](#)

HELP FOR OLDER ADULTS & PEOPLE WITH DISABILITIES

**1-855-937-2372**

• ONE FREE CALL  
• TALK TO A TRAINED PROFESSIONAL

# Common Questions

Do you need to submit a new  
ECA if you are already at your  
desired level?

Who can be counted as an  
Attendant for Rate  
Enhancement?



If you fail to meet your  
spending requirement, what  
are you subject to?

# Contact Information

Program	Rate Analyst	Phone Number	E-mail
CLASS PHC DBMD	Sascha Duban	(512) 707-6077	<a href="mailto:sascha.duban@hhsc.state.tx.us">sascha.duban@hhsc.state.tx.us</a>
CLASS PHC DBMD	Denise Welch	(512) 428-1909	<a href="mailto:denise.welch@hhsc.state.tx.us">denise.welch@hhsc.state.tx.us</a>
CLASS PHC DBMD	Daylon Hyder	(512) 707-7454	<a href="mailto:daylon.hyder@hhsc.state.tx.us">daylon.hyder@hhsc.state.tx.us</a>
CLASS PHC DBMD	Doug Odle CPC Team Lead	(512) 707-6086	<a href="mailto:doug.odle@hhsc.state.tx.us">doug.odle@hhsc.state.tx.us</a>

# Contact Information

Program	Rate Analyst	Phone Number	E-mail
DAHS RC	Linda Menchaca	(512) 707-6082	<a href="mailto:linda.menchaca@hhsc.state.tx.us">linda.menchaca@hhsc.state.tx.us</a>
DAHS RC	Joseph Diacont	(512) 707-6078	<a href="mailto:joseph.diacont@hhsc.state.tx.us">joseph.diacont@hhsc.state.tx.us</a>
DAHS RC	Guerin Heckman Facility Based Providers Team Lead	(512) 707-6086	<a href="mailto:guerin.heckman@hhsc.state.tx.us">guerin.heckman@hhsc.state.tx.us</a>

## **Rate Analysis / Long Term Services and Supports Website**

<http://www.hhsc.state.tx.us/Rad/long-term-svcs/index.shtml>

*Thank you....*